U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7004	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name _{Merle} W Geiger, Jr.	Name Bro. of Locomotive Engineers and Trainmen			
	Labor Organization File Number OOO / O (
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7600 Quail Ridge Drive	Street Standard Building, Mezzanine			
City Fort Worth	City Cleveland			
State Texas ZIP Code + 4 76179-2810	State Ohio ZIP Code + 4 44113-1702			
5. Position in labor organization. National Vice President				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
Trade Name, if any: P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature Land Control of the Contro				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On On On On On On On On On O				
	Date releptione number			

Name of Person Filing Merle Geiger, Jr.	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer				
Street	C. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).	Drinks and meal @ Tunica, MS				
Name John P. Kujawski					
Trade Name, if any: Designated FELA Legal Cousel					
P.O. Box, Bldg., Room No., if any Suite 2					
Street 1331 Park Plaza Drive					
City O'Fallon					
State Illinois ZIP Code + 4 60601					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filing	Merle Geiger, Jr.	File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name Steve Young	Ticket to Dallas Cowboy game.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 310 Glen Rose Avenue					
City Cleburne					
State Texas ZIP Code + 4 76033					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				
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Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				